

Cullen Community & Residential Centre Seafield Road, Cullen Moray AB56 4AF

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The Three Kings Cullen Association – Membership Application Form

Please Complete in **BLOCK CAPITALS**

I wish to apply for my membership of The Three Kings Cullen Association. I have read and support the Association purposes.			
New Member	0	Renewal	0
Title: First Name:		Surname:	
Category of Membership:	Ordinary O Junior	•	ate () des Organisations)
Date of Birth (for Junior members only):			
Full Address:			
		•••••	
Post Code:			
Data Protection:			
updated at request, by providing	g notice in writing to <u>in</u> t	o@cullencrc.or	h it is collected. Your details can be g.uk or in writing to the CCRC. The lawfully and in accordance with Data
By signing this form, you will be		-	ormation noted above being used by
The Three Kings Cullen Association Members' information will be used group's activities. Your details were supported to the support of the su	sed only for the purpos	e of sharing info	ormation on the above mentioned as without your consent.
I would prefer to receive The Th E-mail	ree Kings Cullen Associ Post(ndence and notices by:
Signature:		Date:	

Registered Office Address:

Seafield Road, Cullen, Moray, AB56 4AF

Company Registration No: SC597960 Scottish Charity No: SC048529